RURAL DISTRICT OF CHAILEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

Year Ended 31st December, 1950

Public Health Department,
Lewes House,
LEWES, Sussex.
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Charles Clarke (Haywards Heath) Ltd.

INDEX

CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.
September, 1951.

To the Chairman and Members of the Chailey Rural District Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Rural District of Chailey for the year 1950.

In this Annual Report it is hoped that something or other will be found to interest members of the Council. On perusal it will be found that the population of the Rural District increased by 3,710 since 1944. It was estimated to be 20,340 at mid-1950. The chief cause of the increase was the migration of people into the area, a movement which has been particularly noted since the war ended. The excess of births over deaths played little part in the augmentation, and amounted to only one tenth of the total increase.

The comparable birth rate for 1950 was 15.69 per 1,000 population and that for England and Wales for the same year was 15.8, whilst the comparable death rate for the district was 8.84 as compared with 11.6 for England and Wales. On page 8 of the report will be found the crude birth and death rates from 1941 to 1950. For 1950 the Registrar-General has supplied area comparability factors to apply to those crude rates so that a fair comparison is obtained between the rates of different districts. Chailey compares very favourably with the rates of other districts and of the country as a whole. It can be noted on studying the crude birth and death rates, with their corresponding numbers of annual births and deaths, that the yearly numbers of births since 1944 have varied much more than those of deaths which remained much more steady. Another point of interest is that with the increase of population the crude death rate has fallen. This means an added proportion of the younger age groups to the population, although there has been a slow progressive fall in the birth rate since 1948.

Forecasting future birth rates is a chancy business since there are so many variables and imponderables, such as economic stresses, anticipated housing progress, prevailing ideas of what size a family should be and even general national morale. One can reasonably expect a further decline in the death rates in the rural area, but the resulting gain in population is not likely to be great in view of the low levels already attained in recent years. Although each year since 1945 has seen an improvement in the death rate and increased longevity, the increase in population has not been effected thereby to any great extent, but there has been an increase among the aged themselves.

The average age at death in the Rural District for 1950 was 69 years. This is above the average expectation of life of those born that number of years ago and indeed for those born just now in the country as a whole.

One important index of the healthiness of a district is the death rate of infants under one year of age or the Infantile Mortality Rate. This rate for the Chailey Rural District for 1950 was 17.54 per 1,000 live births whilst that for England and Wales was 29.8. The inference is obvious that the district is a most favourable one for infants.

All this means that the growth of the population in the district has been effected mainly by the migration of people into the area. Since the last war, the excess of births over deaths has not been the chief factor in the increase as it often is, for instance, where a young population is attracted to expanding areas with new industries. The increasing average ages at death in the rural area have resulted from improved environmental conditions and preventive and curative medicine having their effect in saving and prolonging life amongst the general population. As examples of the results of Public Health measures and of preventive and curative medicine the great reduction in the numbers of cases and of deaths from typhoid fever has been mainly due to improved sanitation, to the care of water and food supplies and more recently to the use of new anti-biotic drugs in treatment. Diphtheria, once a scourge responsible for thousands of deaths annually in this country, has been virtually wiped out by immunisation. Other diseases are being conquered in the same way. The use of the new sulpha drugs and anti-biotics has changed the whole face of epidemiology in the eyes of the medical profession and of the public.

The numbers of deaths from cancer generally have increased and in 1950 amounted to 15 per cent. of the total deaths in the rural district. This increase is partly apparent, since modern methods of diagnosis detect cancer more easily. It is partly real, because people are living now to greater ages when they are more cancer prone. Recently, it has appeared that the number of cases of cancer has been falling amongst women whilst approaching its crest in men. There is a multitude of statistics concerning cancer. On examining them, it is found that the death rates from the disease of some parts of the body are coming down at every age ; for other parts they are falling at younger ages though not yet in the later periods of life, but for a few organs, such as the lungs, mortality seems to be increasing. There may be some correlation between lung cancer and excessive cigarette smoking. Study of such statistics indicates paths to investigate, to reason why, and to provide the necessary starting points in possible prevention and cure.

The death rate from tuberculosis in 1950 in the Chailey Rural District was 0.29 per 1,000 population. Although this rate compared favourably with a death rate of 0.36 for England and Wales, there is no room for complacency. The disease is being tackled vigorously in this area, but limitations are imposed by the shortage of beds and nurses and the initial difficulties in obtaining enough B.C.G. vaccination and miniature mass radiography. The difficulties are partly those of economics and partly due to the scarcity of trained staff.

Generally, there has been a great fall in the number of tuberculosis deaths in the last fifty years. This has been brought about by improved methods of diagnosis and treatment, by better understanding by the public of hygienic measures and probably by increased herd immunity. Despite difficulties already mentioned, tuberculosis seems to be generally on the way out.

As to infectious diseases in the rural area in 1950 there was a total of 114 cases. The most numerous cases were those of whooping cough, numbering 42. This disease, held by some as trifling, can have serious consequences. In infants it may pave the way for ensuing broncho-pneumonia, and the fatality may be high. It can leave a lot of permanent damage leading to tuberculosis, chronic bronchitis and heart weakness. A vaccine against whooping cough used in mass experiments recently has given promising results so far, and its general use may be the means of clearing up the problem much in the same way as immunisation has practically wiped out diphtheria.

Three cases of poliomyelitis notified in the district during the year made good recoveries after treatment in hospital. Of some significance is the fact that one of the cases developed the disease soon after his tonsils were removed.

The number of cases of measles (35) in 1950 was small and bears out the theory that the disease is epidemic every two or three years with the greatest number of cases every third year, since in 1949 the number of cases notified was 299, in 1948 was 109 and in 1947 was 133. The type of the disease is not so virulent as it was twenty years ago. Nevertheless, it is still capable of causing permanent damage to the lungs, middle ear and eyes. Penicillin and the sulpha drugs used in the treatment of measles have greatly reduced the death rate from a once-dreaded complication, broncho-pneumonia.

Twenty-seven cases of scarlet fever notified during the year were all of the mild type which has been usual for a considerable number of years now. About twenty-five years ago this disease was more severe than it is to-day. The mildness of the disease now may be due to the diminished virulence of the causative organism. There is no guarantee that this mild type will continue.

As in former years no case of diphtheria was notified in 1950. In the past seven years only four cases of the disease were notified. None of the latter had been immunised. It is quite clear that the practical elimination of diphtheria has been attained by immunisation.

Much progress was made during the year in providing main water supplies throughout the area, and the difficulties experienced in Peacehaven in obtaining a water supply free from a high saline content were overcome. Statutory undertakers took over all the Peacehaven mains and adapted the former private company's system to their own service mains. Negotiations were completed for main water supply from a new reservoir to West Firle, Beddingham, Glynde and part of Ringmer.

Reconstruction of the Ringmer sewage works was almost completed by the end of the year and much was done in furthering the sewering of part of Peacehaven. There are still some 1,962 cesspools in the Peacehaven and Telscombe areas. This method of sewage disposal is unsatisfactory from a Public Health point of view and in the long run is expensive. Nearly all the cesspools leak ultimately, and the resultant contamination of the ground by sewage is potentially dangerous. As a result of meetings held during the year, preliminary plans for sewering and sewage disposal of the two areas are being prepared. Plans for the sewering and sewage disposal in Wivelsfield made some progress, although held up by various interruptions.

As mentioned in previous Annual Reports, there is urgent need of sewering in the Parishes of Kingston, Iford and Rodmell. It can be appreciated that the collective sanitation in a rural district with its scattered dwellings is a much more difficult problem than that in an urban community.

A scheme of dustbin hire was put into operation during the year and 154 bins provided by the Council or by owners. Proper refuse disposal is a Public Health matter. Improperly disposed garbage attracts rats, flies and other insects which may transmit disease to human beings. Also ashes and dust when blown about may irritate the eyes, nose and throat and predispose to bacterial infection.

Progress in housing by no means met the needs of the population in the rural district. The comparatively rapid population growth has made matters worse. Your Council was limited as to the number of new Council houses to be built in 1950. Twenty-eight Council houses were completed whilst twenty-two properties, chiefly old cottages, were reconditioned by informal agreement. There is a considerable number of existing properties which could be reconditioned but restriction has made it impossible to carry this out. At the end of the year there were 447 applicants on the Council's housing list.

At the present rate of building it would be at least ten years before the last applicants on the present housing list obtained a house and possibly longer as a greater proportion of applicants is added each year. The cherished illusion held by some that the housing problem could be solved mainly by planning and controls has dimmed somewhat. After years of frustration and disappointed hopes, all the plethora of paper work, the multitudes of meetings, publications of Housing Manuals, conferences, the issue of legal and quasi-legal documents and numerous other activities and matters all relating to housing, have not eased the position a great deal. The need for more freedom of private enterprise seems more evident than ever. Despite the many frustrations and the petty irritating restrictions in the accepted way of life to-day, hope springs eternal, but there is a danger in asking people to stand too much for too long.

Rushy Hill camping site was occupied during the year by an average of more than 60 caravans in the summer. About a dozen of these caravans were occupied almost constantly.

A caravan can never compare with a proper house, but the necessity to have a roof over their heads and the lack of houses have forced permanent occupiers to adopt the caravan method of living. Some authorities throughout the country have drawn up plans of sites for caravans as all-the-year-round dwellings in despair of obtaining houses. This should not be encouraged since the way of life of some caravanners tends then to give less careful heed to sanitary measures with the consequent increase in hazard of spreading disease.

To summarise, the main features of the report are, the population of the Rural District has increased by 3,710 or 22.3 per cent. since 1944, the birth rate considerably exceeded the death rate, which indicates a natural and healthy increase in the population, the maternal mortality was nil and the infantile mortality rate in the area was much lower than that for the country as a whole. This was also the case in regard to the tuberculosis death rate. The incidence of infectious diseases was light and of the total of 114 cases, 104 were cases of whooping cough, measles and scarlet fever. Two of the three cases of poliomyelitis made rapid recoveries whilst the third, who contracted the infection outside the area, is still under treatment. No case of diphtheria occurred in the area during the year under review. There were no deaths from infectious disease and the fact that there have been very few deaths from infectious disease in the Rural District during recent years has been mainly due to more effective control and treatment, and may be marked as an advance in preventive medicine. Throughout the area steady progress has been made in improving the water supply and sewerage. This improvement has been achieved in the face of difficulties caused by lack of labour and materials, controls and the extremely high cost of carrying out the necessary works. Housing, as for some years past, has been one of the biggest and most intractable problems, and there appears little likelihood of any improvement in this direction until a general relaxation of controls takes place.

In conclusion, I wish to thank you for your encouragment and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to the general practitioners of the area for their collaboration with the Public Health Department and to the Public Health staff for their willing and loyal co-operation.

I am, Mr. Chairman, My Lords, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,
M.B., Ch.B., D.P.H., F.R.S.I., etc.
Medical Officer of Health.

SECTION I

STATISTICS FOR THE AREA, 1950

Area (in acres)	66,038
Population (estimated)	20,340
Rateable Value as at 1st April, 1950	£160,217
Estimated Product of a Penny Rate, 1950-51	£635

EXTRACTS FROM VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*	*Rate per 1,000 Population*
Legitimate	129	145	274	
Illegitimate	7	4	11	
			285	14.01
Deaths	127	116	243	11.95

			Rate per 1,000 Live and Still Births
Maternal Mortality	–	0	0.00

				Rate per 1,000 Live Births
Infantile Mortality	2	3	5	17.54

POPULATION

The Registrar-General's estimate of the population of the Chailey Rural District area as at mid-year 1950 was 20,340, which is a decrease of 140 from the estimated mid-year figure for the preceding year. This is the first drop in population since 1944, when the population dropped by 200 from 16,830 to 16,630. The decrease in population which has taken place during the period under review is comparatively insignificant and represents only 0.68 per cent. of the total population at the beginning of the period.

The Registrar-General's annual population figures, being estimates only, are of course subject to slight variations in the degree of their accuracy. It may well be, therefore, that there has in fact been either a smaller decrease in population or no decrease at all. In any event the overall increase of very

nearly 2,000 population since mid-1946 is a matter for congratulation. Although, as has been mentioned above, the Registrar-General's figures are only estimates, nevertheless there is reason to believe that, as estimates, they are remarkably accurate and it is not likely that the census taken during 1951 will differ from the Registrar-General's figures by more than three or four hundred.

The average density of population throughout the area was 0.31 per acre, but the distribution was, of course, exceedingly uneven.

The annual population, number of births, number of deaths, birth rates, death rates and vital indices for the ten-year period 1941 to 1950 are given in the following table :—

Year	*Population*	*Births*	*Birth Rate*	*Deaths*	*Death Rate*	*Vital Index*
1941	18,310	231	12.61	233	12.72	99.14
1942	17,410	296	17.00	257	14.76	115.17
1943	16,830	306	18.18	231	13.72	132.46
1944	16,630	309	18.58	220	13.22	140.45
1945	17,320	266	15.35	294	16.97	90.47
1946	18,410	308	16.73	240	13.03	128.3
1947	18,860	330	17.49	246	13.04	134.14
1948	20,080	315	15.68	252	12.54	125.0
1949	20,480	297	14.50	248	12.11	119.76
1950	20,340	285	14.01	243	11.95	117.28

The vital index shown in the table is arrived at by dividing the number of births during the year under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition as any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shows that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into and emigration from, an area, have a very considerable effect on the state of population, but the birth and death rates are the index of its biological condition.

Only on two occasions during the last ten years has the vital index for this area fallen below a hundred, namely, in 1941 and 1945. This is, of course, a clear indication of the sound biological condition of the area and it gives cause for satisfaction to note that the favourable trend has continued even during the last few difficult years.

The fact that the death rate in the district is decreasing in proportion to the birth rate sets two distinct problems. First, the general shortage of housing accommodation is becoming more and more accentuated. The district is like a tank with water entering through a large inflow pipe and escaping through a pipe of smaller diameter. The tank becomes gradually fuller and fuller until it begins to overflow. In the same way, children are being born into the district in greater numbers than the elderly are dying, and the time is not far off when unless new houses are built, numbers of the population will be forced to emigrate to other areas. For a number of years past it has been the national policy to encourage the population to move away from the towns, and it will be a great

pity if this move to revitalise the rural areas is hampered by lack of housing accommodation in the country. It is greatly to be hoped that it will be possible, in the not-too-distant future, to relax the restrictions on building. Many new houses are needed and many old ones require replacement and the removal of the restrictions on building would undoubtedly prove a blessing to the community.

The second and less immediately apparent result of the reduction in deaths as compared with births is that the proportion of elderly persons in the total population of the district is steadily increasing. This trend will, in a comparatively few years, become a matter of major importance, particularly as it is not confined to this area alone but is nation-wide. It means, of course, that unless the present system under which a major portion of the population give up permanent employment at 60 or 65 years of age is modified, a greatly increased section of the community will be maintained by the remaining section. Experiments are at present being carried out by certain large commercial undertakings in an endeavour to provide as many elderly persons as possible with useful employment, profitable both to themselves and to the community, and there is little doubt that these experiments will have to be intensified and extended if the economics of the nation are to be kept reasonably sound.

Apart from the economic aspect, the increased number of old persons in the community poses problems regarding the care of and, if necessary, hospitalization of, the elderly and infirm. Often, single persons or married couples of advanced age reach such a stage of infirmity that they are no longer able to care for themselves. This usually results in an appeal to the Medical Officer of Health to assist them in obtaining entry into a home for the aged. In most cases the appeal is made, not by the person or persons concerned, but by a relative or neighbour, and careful judgment has to be used in order to avoid any infringement of the liberty of the persons concerned. Usually, however, it is possible to persuade them of the advantages of moving into the type of home or accommodation suited to their needs, and then it remains to find places for them in such a home. This is by no means an easy task although much has been done in the United Districts area by the East Sussex County Housing Association for the Aged. A means by which the position could be eased is the provision of accommodation for the elderly by local authorities who are also housing authorities and it is to be hoped that considerably more housing space for the aged will be provided by this means in the future.

So far as the hospitalization of the elderly chronic sick is concerned, great difficulty is often experienced in finding hospital beds for these cases. It is not uncommon for chronic sick persons to remain on hospital waiting lists for many months and sometimes death intervenes before admission to hospital is secured.

It appears more than likely that as time goes on the number of elderly chronic sick requiring hospitalization will increase and much thought will have to be given in order to ascertain the best means of providing such accommodation. It may well be that the provision of second-class hospitals, without fully trained nursing staffs, but under trained supervision, will provide the answer to the problem.

BIRTH RATE

The birth rate for the year under review was 14.01 per 1,000 population, as compared with 14.50, 15.68 and 17.49 per 1,000 population for the years 1949, 1948 and 1947 respectively. This steady downward trend over a period of four years was no doubt due during the first part of the period to a gradual return to more normal birth rates after the general increase in the birth rate usually noted towards the end of a long war. The continuation of the downward trend during the latter part of the period has in all probability been due partly to the present uncertain international situation and partly to the difficulty young couples experience in obtaining the sort of accommodation in which it is possible to rear a family. Almost certainly the latter of these two causes is the one most affecting the situation, and it is to be hoped that it will soon be possible to ease the restrictions on building in order that a greater number of new houses may be built each year than are at present being erected.

An area comparability factor of 1.12 is applicable to the birth rate of 14.01, and this gives an adjusted birth rate of 15.69. The area comparability factor, as explained in the paragraphs relating to the death rate, is supplied by the Registrar-General in order that a fair comparison between the local birth and death rates of different districts may be obtained.

DEATH RATE

The death rate for the year under review was 11.95 per 1,000 population, as compared with 12.11, 12.54 and 13.04 per 1,000 population for the years 1949, 1948 and 1947 respectively. The death rate for 1949 was the lowest death rate recorded in the district for the past ten years and thus the 1950 figure of 11.95 is the lowest for the past eleven years.

An area comparability factor of 0.74 has been supplied by the Registrar-General for application to the Chailey Rural District Council death rate in 1950. This factor is a weighting factor for the purpose of securing a fair comparison between the local death rates of different districts. This is necessary as various factors may lead to one area having a considerably higher death rate than another although, basically, it is much the healthier area. A simple case in illustration is that of a spa or health resort, which may be so deservedly famous for its invigorating and health-giving qualities that a large number of elderly persons move into the area on retirement thus, naturally, leading to a high death rate. It is in order to allow cases such as this to be judged fairly that the area comparability factor has been introduced.

As applied to the death rate of 11.95 per 1,000 population, this gives a comparative mortality rate of 8.84 per 1,000 population, which provides a truer basis of comparison when the Chailey death rate is being compared with the death rate of other areas.

The average age at death for the year 1950 was 69 years. This is considerably above the average expectation of life in this country at the present time.

CAUSES OF DEATH

During the year there was a total of 243 deaths, i.e., 127 males and 116 females. The following table shows the causes of death :—

	Male	*Female*	*Total*
Heart Disease	35	45	80
Vascular Lesions of Nervous System	24	22	46
Cancer	22	14	36
Disease of the Circulatory System other than Heart Disease	3	7	10
Pneumonia	4	4	8
Bronchitis	4	2	6
Tuberculosis of Respiratory System	4	1	5
Congenital Malformations	1	3	4
Influenza	1	2	3
Gastritis, Enteritis and Diarrhoea	1	2	3
Nephritis and Nephrosis	2	1	3
Hyperplasia of Prostate	3	–	3
Ulcer of Stomach and Duodenum	1	1	2
Suicide	2	–	2
Accidents other than Motor Vehicle Accidents	1	1	2
Tuberculosis other than Respiratory Tuberculosis	1	–	1
Infective and Parasitic Diseases	–	1	1
Leukaemia	1	–	1
Diabetes	1	–	1
Diseases of Respiratory System other than mentioned above	1	–	1
Motor Vehicle Accidents	1	–	1
Operations of War	1	–	1
Other Defined and Ill-defined Diseases	13	10	23
	127	116	243

As has been the case for a number of years past, the chief cause of death in 1950 was heart disease with 80 deaths. This is followed by 46 deaths from vascular lesions of the nervous system and 36 deaths from cancer.

The highest age at death was	93 years
The lowest age at death was	45 minutes
The average age at death was	69 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Year after year heart disease heads the list of the causes of death or, on comparatively rare occasions, falls to second place. This, surprisingly, is more an indication of the progress of science and the medical profession in their efforts to combat other diseases than a sign of weakness in the field of diseases of the heart and circulatory system. In effect, as deaths from diseases formerly fatal become increasingly rare, the human body simply wears out and the heart ultimately tires of its job of pumping blood through the body year after year and without rest.

Although of the total number of deaths in the country the proportion which is due to heart disease of the type mentioned above is increasing, considerable progress has been made in the cure or avoidance of heart disease of another type, namely, rheumatic heart disease. This is one of the possible after effects of rheumatic fever and in the past many deaths have occurred each year of people suffering from rheumatic heart disease. For some years past the number of deaths from this cause has steadily decreased, partly owing to the improved methods of treatment of rheumatic fever, which have enabled the complication of rheumatic heart disease to be avoided and partly owing to advances in the treatment of the heart disease if it does, in fact, develop. Thus, although it cannot be said that the proportion of the population dying from heart disease of all kinds is being reduced—indeed, it is unlikely that any such overall reduction can be effected—nevertheless the number of deaths due to one of the most unpleasant and disabling forms of heart disease has been considerably lessened.

Cancer

A similar comment may be made in respect of cancer as has already been made in relation to heart diseases, namely, that as cures are discovered for an ever-increasing number of diseases that in the past have almost invariably proved fatal, so the number of deaths due to cancer increases. There is, however, an important difference. Heart disease, in some forms, may be said to be little more than the wearing out of an organ that has already done yeoman service. As such, while its onset may be delayed, it is unlikely that it will ever be removed as an ultimate cause of death. Cancer, however, falls into a different category, and the reason that it is one of the major causes of death is simply due to the fact that, so far, no cure for the disease has been discovered. Improvements in the methods of treatment are, however, already proving fruitful and there is some reason to hope that in years to come cancer may cease to be one of the major causes of death.

Other Causes of Death

Of the other causes of death pneumonia and diabetes are perhaps most worthy of mention as being diseases the mortality rates of which have been very materially reduced owing to the advances of science. In the past pneumonia has been one of the major causes of death and the mortality rate of this disease was particularly high. The use of modern drugs has, however, reduced its virulence to a very great extent and only a small proportion of the total number of cases die.

Diabetes has for many years been a disease which has led to the patient being increasingly incapacitated as the disease has advanced, and has ultimately proved fatal. With the advent of insulin, however, the mortality rate has been drastically reduced and sufferers from diabetes are now able to live comparatively normal lives. In fact, most deaths from diabetes at the present time arise either from the patient's failure to observe the rules of diet laid down by his physician or his omission to administer insulin to himself at the prescribed times.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for certain Infectious Diseases in the year 1950. Provisional figures based on Quarterly Returns.

	England and Wales	*126 C.B.s and Great Towns including London*	*148 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1931 Census)*	*London Administrative County*	*Chailey 1950 (Population 20,340)*
	Rates per 1,000 Home Population				
Births: Live	15.8	17.6	16.7	17.8	14.01
Still	0.37	0.45	0.38	0.36	0.34
Deaths: All Causes	11.6	12.3	11.6	11.8	11.95
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39	0.29
Influenza	0.10	0.09	0.10	0.07	0.15
Smallpox	—	—	—	—	—
Acute Poliomyelitis (including Polioencephalitis)	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.39
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Meningococcal Infection	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.50	1.56	1.61	1.23	1.33
Whooping Cough	3.60	3.97	3.15	3.21	2.06
Diphtheria	0.02	0.03	0.02	0.03	—
Erysipelas	0.17	0.19	0.16	0.17	0.05
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	1.72
Pneumonia	0.70	0.77	0.61	0.50	0.10
Acute Poliomyelitis (including polioencephalitis)					
Paralytic	0.13	0.12	0.11	0.08	0.15
Non-paralytic	0.05	0.05	0.06	0.05	—
Food poisoning	0.17	0.16	0.14	0.25	—
	Rates per 1,000 Live Births				
Deaths					
All causes under 1 year of age	29.8	33.8	29.4	26.3	17.54
Enteritis and Diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	—
Notifications (Corrected)	Rates per 1,000 Total (Live and Still Births)				
Puerperal Fever and Pyrexia	5.81	7.43	4.33	6.03	6.85

Maternal Mortality in England and Wales

International List No. and Cause	*Rates per* 1,000 *Total (Live and Still) Births*	*Rates per million women aged* 15-44	*CHAILEY Per* 1,000 *(Live and Still) Births*
651 Abortion with Sepsis	0.09	7	
650,652 Other Abortion	0.05	4	
640-649, 670-678 Complication of Pregnancy and Delivery	0.54		Nil
681 Sepsis of Childbirth and the Puerperium ..	0.03		
680, 682-689 Other complications of the Puerperium	0.15		

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Rural District of Chailey also acted as Medical Officer of Health for the Borough of Lewes and the Urban Districts of Newhaven and Seaford. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, has now been in existence for over a year. The Joint Committee provides an efficient means of administering the Joint Appointment.

One Chief Sanitary Inspector and two Sanitary Inspectors carry out duties in the Rural District.

Laboratory Facilities

The Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, Brighton, has rendered valuable service during the year.

The Laboratory has carried out for the Rural District, free of charge, the examination of sputum, throat and nose swabs, pleural fluid, faeces and urine, and has also submitted bacteriological reports on water, milk and ice-cream. This service is of great assistance to medical practitioners and often enables them to make a correct diagnosis considerably sooner than would otherwise be possible. Often, too, it confirms or disproves a tentative diagnosis. The service is also of assistance to your public health officials in their efforts to raise the standard of milk, ice-cream and other foods.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which arranged for the two ambulances and one sitting-case car stationed at Lewes to be available for the transfer of non-infectious cases into hospital from this area, with the exception of cases from Chailey and Newick, when the service stationed at Uckfield was used, from Ditchling, Streat and Westmeston, when the service stationed at Hurstpierpoint was implemented, and from Peacehaven, Piddinghoe, South Heighton, Tarring Neville and Telscombe, when the service stationed at Newhaven was used. Arrangements were made for any further calls received when all the ambulances of a particular station were out on duty to be dealt with by another station in the County Council's area.

During the year under review the infectious diseases ambulance station serving the area has been the Mid-Sussex Isolation Hospital at Hurstpierpoint. Under the provisions of the Ambulance Scheme, general purposes ambulances can, if necessary, be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council provides facilities for the transport of tuberculosis patients.

Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Federation through the District Nursing Associations.

Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation. The accommodation available in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

The following is a list of clinics and treatment centres available during 1950 for residents of the district :—

Description and Situation	*Day and Time of Attendance*	*By Whom Provided*
Tuberculosis Clinic, Victoria Hospital, Lewes	Monday, Wednesday and Friday, 2 p.m. by appointment	Regional Hospital Board
Orthopaedic Clinic, Castlegate House, Lewes	Tuesday and Thursday, 1.30 p.m. by appointment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday, Women — 2.15 p.m. Men — 3.30 p.m.	Regional Hospital Board
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 4th Tuesday in each month at 2 p.m.	Regional Hospital Board

In addition to the above there are clinics and centres throughout the area for the treatment of Maternity and Child Welfare, Dental and Minor Ailment cases.

Institutional Provision for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All Institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

The Statutory Water Authorities supplying the several areas within the Rural District continued as before, viz. :—

Chailey Rural District Council
Brighton County Borough Council
Lewes Borough Council
Newhaven and Seaford Water Company
Burgess Hill Water Company
Mid-Sussex Joint Water Board

Regular sampling of water supplies is carried out by each of the Undertakings during the year and the quality of the water has been found to be satisfactory.

Below is the Analyst's report on a sample taken by the Council's Water Engineer. It is typical of the quality of the water supplied.

"A sample taken from the Pumping Main, Offham Waterworks, on the 4th December, 1950, showed the following characteristics :—

Colour	None
Smell	None
Sediment	None

CHEMICAL ANALYSIS

	Grains per gallon	*Parts per million*
Total solids (dried at 100°C.)	19.0	
Solids (after ignition)	15.0	
Chlorine	1.7	
Ammonia (free)		.084
Ammonia (albuminoid)		.060
Oxygen taken from permanganate in ¼ hour ..	Nil	
Oxygen taken from permanganate in 4 hours ..	Nil	
Nitrogen as Nitrates and Nitrites	.02	
Nitrites	Nil	
Hardness (total)	12.9	
Hardness (after boiling)	4.1	
Phosphates	Nil	
Metallic impurity—Iron	.05	
PH 7.4		

BACTERIOLOGICAL EXAMINATION

The organisms per ml. which grew on Nutrient Agar in three days at 22° C. under aerobic conditions and were then visible to the naked eye as colonies numbered 1

On Agar at blood temperature and under aerobic conditions colony was noticed after two days' incubation 1

Probable number of Coli-Aerogenes organisms in 100 ml. of the original water .. .. Nil

Free Chlorine 0.1 p.p.m.

Report

Both chemically and bacteriologically this water is quite satisfactory, and is in my opinion safe for drinking purposes and suitable for a Public Supply.

R. F. WRIGHT,

15*th December*, 1950 *Public Analyist.*"

Samples of drinking water taken during the year from private sources numbered 77, of which 35 were found to be unfit for drinking purposes. The owners of the properties concerned were notified in each case and the necessary action taken.

In a number of cases where unsatisfactory samples have been found, the remedy lies only in the extension of water mains and the work of such extension required is in hand.

During the year, 12 properties were connected to the main as a result of notices served.

Water mains extended during the year were as follows:

Housing Site, Cooksbridge	196	1in. yds.
North Hall to Homewood Gate, East Chiltington ..	1,250	,,
Laughton Road	833	,,
Norlington Lane	1,317	,,
Firle Street	624	,,
Markstakes Lane	1,867	,,
	6,087	,,

This work of extension continues to follow the pattern of the programme worked out in 1945/46, adopted by the Council. The proposed extension of water main to Ditchling Common Area has not yet materialised, but it is understood that some of the financial difficulties have been overcome and the matter is likely to proceed.

In the Parish of Peacehaven, the Statutory Undertakers have now taken over from the non-Statutory body all the mains within the respective areas. Both these Statutory bodies have worked hard to adopt the private system to their own service mains and during the year there have been no complaints or serious water problems in that area.

Negotiations proceeded during the year towards final agreement with the Newhaven and Seaford Company for a bulk supply of water to the new reservoir to be built on Firle Hill. This, when completed, will be linked with the Council's other water mains and will provide water supply for another large area consisting of the Parishes of West Firle, Beddingham, Glynde and part of Ringmer.

SEWAGE DISPOSAL

The year 1950 has shown a considerable advance in the work of reconstruction and provision of new works in the District.

The reconstruction works at Ringmer were nearing completion by the end of the year, while work at the new Sewage Disposal Works at Cooksbridge is expected to start by January/February, 1951.

Tenders for the work of reconstruction of the Ditchling Works are out and it is expected that this work will be commenced in the middle of 1951.

The preliminary work in connection with the design of the proposed new Works at Peacehaven is now completed and the East Sussex County Council have commenced to lay sewers in that area in which it was agreed the Private

Street Works Act should be implemented. This area forms a most interesting type of re-development area and it is hoped that the experience gained here, both from a planning and public health point of view, will be a valuable guide in future years. This work, when completed, will form the first public sewer available in the Parish of Peacehaven. The remainder of the Peacehaven area and Telscombe Parish still remain, however, to be a very considerable drainage problem area. Preliminary plans, however, are being prepared for a systematic scheme for its drainage. In these two Parishes some 1,962 cesspools continue to exist.

Little progress has been made in the other parishes in urgent need of sewering, i.e., the Parishes of Rodmell, Iford and Kingston. The plans for the sewering of the Parish of Wivelsfield have made some progress during the year.

PUBLIC CLEANSING

The collection of house refuse continues to be a fortnightly service. One of the 10 cu. yd. vehicles employed has been superseded by a 16 cu. yd. moving-floor vehicle. This, together with one 10 cu. yd. and one 7 cu. yd. side-loading type vehicle, are used for the collection of refuse from this population of 20,000 persons. The work of refuse collection has increased enormously since the end of the war, due to several factors:

(1) the increased population;
(2) increased building; and
(3) greater use of the Refuse Collection Service

I would like to record my appreciation of the efforts this Council's workmen have made and their willing co-operation to improve the efficiency of the service by their willingness to take part in experiments and trials intended to give greater efficiency to the scheme, most of which improvements in timing and schedules have resulted in additional demands upon their physical endurance. It is seldom realised by the public what large mileage these men walk and what weights they carry and how, by a very little effort and thought by a householder considerable energy and consequently efficiency can be saved.

Salvage during the year shows rather depressing figures, due entirely to a slump in prices and the decision by the Council not to continue the collection of wastepaper and other salvage materials.

CESSPOOL EMPTYING SERVICE

The Cesspool Emptying Service has continued in operation during the year, three machines still being employed. 2,747 cesspools or septic tanks were emptied during the year, amounting to some 5,334 loads of 750 gallons each load.

A feature of this Service which has developed over the last two or three years is that of a regular emptying service, whereby cesspools are emptied for private individuals at regular intervals automatically, without any individual order. Owners and Authorities are taking advantage of this and it is having a profound effect on improved maintenance of a number of small disposal plants. There is generally a very marked tendency, where small disposal plants are put into operation for institutions or groups of dwellings, to neglect these installations and no installation, however efficient its design, can possibly function efficiently without thorough maintenance. One of the fundamentals of such maintenance is the regular emptying of sedimentation tanks. This service of emptying can also provide proper information as to the maintenance

of the other parts of the system and can be used to remind owners and operators of their duties.

I am firmly convinced that much more attention and greater facilities for maintaining small sewage disposal plants to private houses and other institutions will in the future need to be provided by the Local Authority, as only by provision of the necessary services and proper technical advice can these drainage problems and the greater problem of the pollution of streams be satisfactorily solved. This is particularly evident in this district, where very rapid development of water mains has resulted in a greater flow of foul water to ditches.

TRANSPORT DEPARTMENT

The Transport Department has continued to develop its work and has now brought the Council's fleet of vehicles up to a high standard, which it is hoped will be maintained. The Service Depot now provides good amenities for the men and is now an efficient unit of the Transport administration.

During the year, two of the new lorries purchased were fitted with Diesel engines. This is a new departure and as far as information is available to date has shown that the Diesel engine is very well suited for the work of refuse collection and cesspoool emptying in a rural area. It is anticipated that a considerable saving of fuel and maintenance costs will result.

DUSTBINS

The Council's decision to adopt a scheme of dustbin hire under Section 75 of the Public Health Act, 1936, was put into operation during the year. By the end of the year the following results were shown:

Number of Formal Notices served	412
Number of Properties concerned	231
Number of Bins provided by Owners	94
Number of Bins already provided by the Council at	
(*a*) Owner's request	23
(*b*) In default	37
Number of Notices not complied with	77

HOUSING

During the year 34 Informal Notices to carry out repairs were served and executed, and only in two cases was it necessary to serve a Statutory Notice.

A number of huts at Rushey Hill Hutted Camp, Peacehaven, were still occupied at the end of the year and most of the remaining unoccupied and defective huts have been demolished. It is hoped that in the ensuing year, as the Council's second phase of housing development materialises, that the remainder of these families will be found alternative accommodation and the remaining huts will then be dismantled. These huts have already served their function and deterioration is now so rapid as to render any question of their continued occupation impossible.

Building restriction and licensing of building work makes it extremely difficult to get a systematic improvement in housing conditions under way. Until the housing shortage is materially reduced, it seems that there is no hope of improving housing standards in the lower categories of existing dwelling-houses. Information is continuously being obtained and recorded for future use.

During the year the 1949 Housing Act became law and 8 applications for grant under its provisions were received. Grant was eventually authorised in respect of one dwelling-house only. Five applications were withdrawn and two applications were refused.

Reconditioning of existing property by informal agreement was carried out in 22 properties. These properties were principally old cottages of poor housing standards, which were reconditioned for the owner's occupation and some for letting purposes. This trend of reconditioning of country cottages serves a valuable purpose, inasmuch as it provides wholesome housing accommodation generally of a much better standard than could normally be expected. It preserves many cottages of charm and character which might otherwise be lost.

TENTS, VANS AND SHEDS

The Camping Site at Rushey Hill, Peacehaven, continues to perform a useful function. Caravans which have occupied the Site average more than 60 throughout the summer months, while a dozen or so of these have been occupied almost constantly throughout the year.

The Council's proposal to purchase 20 acres of land at Rushey Hill under the provisions of the Physical Training and Recreation Act, 1937, for the purposes of establishing a Holiday Camp, was the subject of an Enquiry and has now received the Minister's consent. An up-to-date Camp Site is to be provided with first-class amenities and conveniences. It is anticipated that with the opening of the Camp many difficulties may be overcome in the controlling of the use of land for moveable dwellings and that it will be possible to offer alternative accommodation to caravan users in the Peacehaven area. Plans are now being prepared for the development of this Site.

Caravans have been sited on a large variety of sites throughout the District during the year under review and were subject to supervision. In a few instances it was necessary to threaten formal proceedings in order to have unsuitable sites cleared. Generally speaking, the holiday caravanner was found to be amenable and reasonable in his outlook. The greatest difficulties in respect of the establishment of sites lie with those persons who wish to live permanently in a caravan. By its very structure and nature a caravan is intended for a holiday or short period occupation and although design and construction have reached a high level, the disposal of waste materials and sewage are as necessary to a caravan as to the ordinary dwellinghouse, as it is the number of persons who are occupying that determines the waste and sewage to be disposed of and not the size of the structure.

Concern is felt in this district, as in the rest of the country, as to the future of this mode of living, as neglect or carelessness could quite easily give rise to serious public health problems.

MILK AND DAIRIES

Dairy premises were constantly visited during the year, 82 inspections were carried out and a fair standard was found to have been maintained during the year. In two cases only was it found necessary to serve notices in respect of whitewashing and cleansing of premises. In one instance an Informal Notice was served on a dairyman in reference to an unsatisfactory water supply. These premises have now been sold and are no longer used as a dairy.

VERMINOUS PREMISES

Very few complaints were received during the year of premises infested with vermin and these were easily dealt with by the Council's Operator.

MOSQUITO CONTROL

In the early part of the year control measures were carried out at Peacehaven, Piddinghoe and Barcombe, on small areas of still water known to have been the subject of complaint in past years. As a consequence, no complaints were received this year.

KEEPING OF ANIMALS

The number of small pig keepers continues to increase and in a number of instances complaints were received, some of which have been dealt with.

FOOD AND DRUGS ACT

Further attention has been directed to restaurants, cafes and other food premises. Regular inspections have revealed that few of the premises fall short of a reasonable standard. In all, 288 visits have been carried out under the Act.

Five Informal Notices have been served requiring improvements in connection with the standard of cleanliness of premises.

Applications for registration were granted in respect of 11 premises used for the sale, manufacture and storage of ice cream.

31 samples of ice cream were taken during the year with the results as follows :—

Grade	*Results*
1	7
2	14
3	5
4	5

FOOD INSPECTION

The following articles of food were examined and found to be unfit for human consumption :—

Wet Fish	3 stone
Smoked Fish	2 „
Beef	18½lb.
Bacon	90lb.
Corned Beef	22lb.
Sugar	2cwt.
Tinned Meat	8 tins
Frozen Eggs	28lb.
Pickles (Bottles)	78 bottles
Biscuit Meal	1cwt.
Miscellaneous Tinned Foods	32 tins

FACTORIES ACT, 1937

Inspections :—

Premises	*No. on Register*	*Inspections*	*No. of Written Notices*	*Occupiers Prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	24	32	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	51	64	4	—
Totals ..	75	96	6	—

Cases in which defects were found :—

Particulars	*Number of cases in which defects were: Found*	*Remedied*	*Referred by H.M. Inspector*
Want of Cleanliness	8	8	–
Sanitary Conveniences—Unsuitable or defective	3	3	–
Other offences against the Act (not including offences relating to Outwork)	3	3	–
Inadequate Ventilation	–	–	–
Inefficient Drainage of Floors ..	–	–	–

Two Certificates under Section 34 of the Act, as to means of escape in case of fire were issued during the year.

SUMMARY OF VISITS

House Inspections under the Housing Regulations	49
Other Inspections of Houses not included above	238
Visits in connection with Nuisances	293
Visits to Slaughter Houses, Butchers' Shops and Food Premises ..	288
Visits to Cowstalls and Dairies	82
Visits re Drainage	774
Drains tested..	215
Samples taken for Analysis :—Milk	44
Water	127
Ice Cream	31
Visits in connection with Infectious Diseases	119
Rooms fumigated	55
Visits to Sewage Outfall Works and Sewers	363
Visits to Refuse Tips	11
Visits under Petroleum Act	95
Visits in connection with Salvage	12
Visits under Factories and Workshops Acts	96
Visits Miscellaneous	482
Visits re Residual Services and Requisitioned Premises	119
Visits re Water Supply	189
Visits re Tents, Vans and Sheds	132
Visits re Housing Surveys	48
Visits re Shops Acts	76

RODENT CONTROL

Visits for purpose of Survey	205
Visits for purpose of Treatment	383
Number of Infestations cleared	82
Estimated number of Rats killed	1,219
Estimated number of Mice killed	506

LICENCES ISSUED

To Store Petrol	62
To Store Cellulose	3
To Store Carbide of Calcium	1
To Slaughter Animals	4
To Use Premises as Slaughterhouses	5
To Use Premises as Knacker's Yard	1
For Moveable Dwellings	5
Dealer's (Retailing) Licence to use designation "Pasteurised"	4
Dealer's (Retailing) Licence to use designation "Tuberculin Tested"	7
Dealer's Supplementary Licence for the Sale of "Pasteurised" Milk	7
Dealer's Supplementary Licence for the Sale of "Tuberculin Tested" Milk	10

NUISANCES

Notices issued	87
Notices complied with	73
Statutory Notices issued	1
Statutory Notices complied with	–

SALVAGE SALES

	Tons	*Cwts.*	*Qrs.*	*Lb.*	£	s.	d.
Mixed Waste Paper	8	7	2	15	48	14	10
Textiles	1	1	6	27	29	15	0
Mixed Metals		16	1	6	2	8	1
	10	6	2	20	£80	17	11

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1950

Disease	*Total Cases Notified*	*Cases admitted to Hospital*	*Deaths*
Whooping Cough	42	–	–
Measles	35	–	–
Scarlet Fever	27	10	–
Acute Poliomyelitis ..	3	3	–
Puerperal Pyrexia	2	–	–
Pneumonia	2	–	–
Sonné Dysentery	1	–	–
Erysipelas	1	–	–
Salmonella Enteritis ..	1	–	–

Whooping Cough

42 cases of whooping cough were notified in the Rural District during 1950 and none of these was of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. The high rate of incidence, distressing symptoms and sometimes fatal complications of this disease combine to make it one of the greatest dangers to the child population of the country.

During recent years extensive investigations have been undertaken to ascertain the efficacy of preventive inoculation in the fight against this malady. Various commercial preparations of antigen have been submitted to trial and some thousands of children vaccinated with the preparations concerned. Present indications are that certain of the preparations are of definite value in reducing the risk of infection, and there is every hope that in due course whooping cough will join diphtheria and smallpox in the category of diseases once common but now rare owing to the development of the technique of preventive inoculation.

Measles

35 cases of measles were notified in Chailey Rural District during 1950. All of the cases were of a mild nature and made complete and uneventful recoveries. The small number of cases notified is in great contrast to the total of 299 cases notified in the district during 1949. This is only to be expected, as the disease normally runs a two-year cycle, the incidence being considerably higher every second year.

Measles mainly affects children under seven years of age, and before the introduction of penicillin and the sulpha drugs, a fatal attack of broncho-pneumonia often developed. Since the use of these drugs in the treatment of the disease became general, case mortality has been reduced to almost negligible proportions, and complications such as middle-ear disease and ophthalmia have been avoided.

Scarlet Fever

Twenty-seven cases of scarlet fever were notified in the Rural District during 1950. Of these, ten were admitted to hospital. For a number of years past the type of scarlet fever prevalent in the country has been of a mild nature but it does not necessarily follow that this happy state of affairs will continue. In the past, the type of scarlet fever most common at any given time has alternated a number of times between mild and severe. It may be that the country is coming to the end of a period during which the milder type has been most prevalent and that the more severe type will shortly come to the fore. Even if this should prove to be the case, however, there is no doubt that the present-day methods of treatment and the use of modern drugs will prevent the illness from being as dangerous as it has been in the past.

The ten cases admitted to hospital from the Rural District during 1950 were not of particular severity but were admitted owing to the number of other children living in the same dwellings.

Poliomyelitis

Three cases of poliomyelitis occurred in the area during 1950. The first case, that of a girl aged six years, was admitted to Newhaven Isolation Hospital on the 14th January, 1950, and developed paralysis of the right thigh and right calf. She was discharged very well on 11th March, 1950, with full use of the affected right lower limb.

The second case, that of a girl aged four years, was admitted to the Newhaven Isolation Hospital on 5th May, 1950. This case developed flaccid paralysis of the left thigh and left calf. Once the paralysis settled she made a good recovery and was discharged very well on the 3rd June, 1950, also with full use of the affected lower limb.

The third case, that of a boy aged six years and ten months, had been discharged from a hospital in another area on 10th September, 1950, after the removal of his tonsils and a day or so after moved to Saltdean for a visit, where he was taken ill. He developed polio-encephalitis and was removed to Bevendean Hospital, Brighton. Obviously, this case was contracted outside the Chailey Rural District area and luckily no further cases developed among possible contacts in this district.

The three cases notified represent an incidence rate of 0.15 per 1,000 population which is not a high one.

Puerperal Pyrexia

Two cases of puerperal pyrexia were notified in the Rural District during the year under review and neither case was fatal. In the past, puerperal pyrexia, which is a feverish condition in women after child-birth or miscarriage, has given rise to a great deal of maternal mortality. In the fifteen years prior to the last war the number of deaths due to this cause occasioned such alarm that the Minister of Health issued a number of Regulations placing the obligation upon doctors to notify Medical Officers of Health of any cases occurring in their practice, Medical Officers of Health, in turn, having the duty to notify the Local Health Authority within 48 hours of the receipt of notification. In the last few years the puerperal pyrexia mortality has dropped considerably and a death from or even a case due to, this cause, is now comparatively rare.

Pneumonia

Only two cases of pneumonia were notified during the year under review and neither of these was sufficiently serious to merit admission to hospital. Both cases made satisfactory recoveries.

Sonné Dysentery

One case of Sonné dysentery was notified in the district during the year under review. The case was not sufficiently serious to necessitate hospitalisation and made a complete recovery. This disease is an acute infection of the large bowel with diarrhoea and occasional bleeding and is usually spread by an active or convalescent case.

The great majority of cases are very mild, although some are of a serious nature. The disease in its mild form has been more or less endemic in certain parts of the country for many years. It is probable that in many cases it is unrecognised owing to its mildness and the absence of complications, as it often causes little inconvenience apart from slight diarrhoea of a transient duration.

Treatment by the sulphonamide drugs has been found to be effective.

Erysipelas

One case of erysipelas was notified in the Rural District in 1950. The person concerned was treated at home and made a satisfactory and uneventful recovery. In the past erysipelas has been a dangerous illness which has very often terminated fatally. The sulphonamide drugs have proved extremely effective in the treatment of the disease and fatal attacks are now a rarity.

Salmonella Enteritis

One case of salmonella enteritis occurred in a children's home in the Rural District. The case was that of a boy aged 6 years who made a complete and uneventful recovery.

General

Only 114 cases of infectious disease were notified in the Rural District during 1950, none of which resulted in a death. This number gives a low incidence rate of 5.60 per 1,000 population. Of the 114 cases, 42 were of whooping cough, 35 of measles and 27 of scarlet fever, giving a total of 104 cases due to these three diseases alone.

It is of interest to note that no case of diphtheria occurred in the Rural District during the year under review. During the past seven years only four cases of diphtheria occurred in the district—two in 1946, one in 1947 and one in 1949. None of these cases had been immunised. There is no doubt that this satisfactory state of affairs has arisen as a result of the diphtheria immunisation campaign which has been carried out in the district, and, indeed, throughout the whole country, since 1941, and it is a matter for congratulation that the reduction in mortality amongst children has been so great. Any slackening of effort on the part of those concerned with public health would, however, almost certainly result in a corresponding increase in the incidence of the disease and the number of deaths arising therefrom and, if anything, the campaign must be intensified in the years to come.

Vaccination Against Smallpox

Towards the end of December the first cases appeared of an outbreak of small-pox which ultimately involved a total of 29 cases with ten deaths. As the outbreak developed, doctors, not only in Brighton, but in neighbouring areas, were so overwhelmed by the many demands for vaccination that clinics were opened for mass vaccination. In the Chailey Rural District no less than 6,916 persons were vaccinated out of a total population of 20,340. The sudden demand for vaccination by such a large number of people was the result of the long-inherited fear of small-pox when cases begin to appear in or hear a neigh-

bourhood. This fear was intensified when reports of fatalities were published. It was also due to the increasing number of the vaccinated, each one advertising vaccination, and to persons whose anxiety to be vaccinated forthwith because they worked in, or had visited Brighton during the outbreak communicated itself to others. The opening of clinics for mass vaccination was inevitable owing to the irresistible momentum of demand for vaccinations.

No cases of small-pox occurred in the Chailey Rural District. Contacts of cases of the disease in the district were, of course, protected by recent vaccination. The outbreak in Brighton came to an end and bearing in mind the virulent type of the disease, the limiting of its spread amongst such a large population was a testimony to the highly effective modern methods of prevention carried out promptly.

Although it is the duty of Public Health authorities to provide facilities for vaccination for all who wish to be vaccinated, and the opening of clinics for mass vaccination was inevitable in view of the situation as the outbreak developed in Brighton, it does seem that clinics for mass vaccination appear unnecessary for the most part and should very rarely be used.

Small-pox is a disease with a very orderly spread. Usually an outbreak in this country starts by an imported case. A few primary contacts develop the disease then those give rise to a second crop and these in turn give rise to a third crop which is much smaller than the previous crop since by this time the disease is well under control. The third crop in the Brighton outbreak revealed only four cases. In controlling an outbreak of the disease the modern concept is to employ the expanding ring system of vaccination, that is, the selective vaccination of contacts of the primary, secondary and tertiary crops of cases rather than rely on mass vaccination. The old belief that small-pox can be disseminated through the air over long distances has been exploded long ago. It can however be disseminated in the room where an actual case is and by clothes and articles which have been used by the case, but that is another matter, and methods are used to prevent the spread by such means.

The present policy is that vaccination—having been undoubtedly proved to be a protection against small-pox, if done properly and at appropriate intervals, the following should be carried out.

(1) Primary vaccination in the first six months of infancy should be encouraged to the widest extent. In fact, all infants should be vaccinated.

(2) In non-epidemic periods, parents of children who have received primary vaccination in infancy should have these children revaccinated during school life, preferably between the ages of ten and leaving school.

(3) In the presence of small-pox in an area, reliance should be placed on selective vaccination of contacts (the expanding ring system), and not on mass vaccination.

(4) Insistence on the possession of a valid vaccination certificate for all persons entering this country from endemic or specified areas abroad.

If the above recommendations were carried out there would be much less fear amongst the public in areas where cases of small-pox occur and much less need for mass vaccination.

In this country vaccination is voluntary and a comparatively large section of the population remain unvaccinated. It would seem more reasonable to have all children vaccinated in infancy and then revaccinated before leaving school, so that by successive generations so protected there is a huge barrier against the infection, than to leave as it now is on a purely voluntary basis.

SECTION V

TUBERCULOSIS

In 1950 twenty-four cases of pulmonary tuberculosis and seven cases of non-pulmonary tuberculosis were notified, whilst during the year there were five deaths from pulmonary tuberculosis and one death from non-pulmonary tuberculosis. Details are given in the following table :—

1950—NEW CASES AND MORTALITY

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	–	–	–	–	–	–	–	–
1	1	2	–	1	–	–	–	–
5	1	–	–	2	–	–	–	–
10	–	–	1	–	–	–	1	–
15	–	4	–	–	–	–	–	–
20	1	–	–	–	–	–	–	–
25	2	4	–	1	–	1	–	–
35	3	2	–	–	–	–	–	–
45	1	1	–	1	–	–	–	–
55	–	1	–	–	2	–	–	–
65 and upwards ..	–	1	1	–	2	–	–	–
Totals ..	9	15	2	5	4	1	1	–

Details of deaths (i) from Pulmonary Tuberculosis :—

Male aged 62 years .. .. .. Died 20. 2.50
Male aged 66 years .. .. .. Died 7. 3.50
Male aged 69 years .. .. .. Died 15. 9.50
Male aged 63 years .. .. .. Died 28.12.50
Female aged 28 years .. .. Died 6. 4.50

(ii) from Non-Pulmonary Tuberculosis :—

Male aged 13 years .. .. .. Died 29. 7.50

The five deaths from pulmonary tuberculosis which occurred in the Rural District during the period under review show a welcome fall from the total of eleven deaths recorded in the area during 1949. The total is not a high one, particularly in view of the difficult conditions prevailing in the country during the war and post-war periods. Many medical and scientific advances are being made in the prevention and treatment of the disease, particularly in its prevention by the use of an immunising vaccine known as B.C.G. and its treatment by the use of para-aminosalicylic acid (PAS.) in conjunction with streptomycin. These advances, however, cannot effect an overall reduction in the number of cases and deaths from tuberculosis unless better housing conditions and more ample supplies of wholesome food are made available to the population as a whole.

Over-crowded and unsuitable accommodation has a two-fold effect in that cramped, dark or damp housing space with insufficient circulation of air is in itself a factor of some importance in reducing the standard of health of the persons inhabiting the premises to a level at which the disease is most easily contracted. In addition, if a case of pulmonary tuberculosis is introduced into a household living in such conditions, the cramped quarters and stagnant air greatly facilitate its spread to other persons in the house. It is greatly to be desired, therefore, that housing restrictions will be relaxed at the earliest possible moment, in order that some of the more unsatisfactory housing accommodation in the town and, indeed, throughout the country, may be demolished and better and more hygienic premises erected in its place.

So far as the absence or restricted supplies of certain types of food is concerned, there is no doubt that the average person in the country is quite well nourished. It is the more weakly individual who suffers from the fairly frequent shortages of such valuable foods as fresh eggs, meat and, during certain months of the year, milk. Although, when a case of tuberculosis is recognised, every effort is made to provide the patient with an ample supply of these foods, it is during the period before the disease has developed when their absence has, perhaps, turned the scales against him.

Briefly, it is better by far to keep the standard of health of a person at a high level by providing him with satisfactory accommodation and ample food of the right kind than to allow tuberculosis to develop through the lack of these two essentials and then to patch the patient up.